

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002716	1718	10/14/2018
INVOICE NUMBER			
92824252			

Pratt (620) 672-1201
 B MERIT ENERGY
 I PO BOX 250
 L HOLCOMB
 L KS US 67851
 T
 O ATTN: ALISHA

J LEASE NAME Mae 1-16
 O LOCATION
 B COUNTY Finney
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41138919	19842		Net - 30 days	11/13/2018

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 10/12/2018 to 10/12/2018				
0041138919				
171815842L Cement-New Well Casing/Pi 10/12/2018 Cement PTA/AFE#62182				
60/40 POZ	210.00	EA	9.00	1,890.00 T
Celloflake	53.00	LB	2.78	147.34 T
Cement Gel	362.00	LB	0.19	68.78 T
"Unit Mileage Chg (PU, cars one way)"	80.00	MI	3.38	270.40
Heavy Equipment Mileage	160.00	MI	5.63	900.80
Proppant & Bulk Del. Chgs., per ton mil	724.00	EA	1.88	1,361.12
Depth Charge; 1001'-2000'	1.00	EA	1,125.00	1,125.00
Cement Data Acquisition Monitor	1.00	EA	412.50	412.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.25	131.25
Blending & Mixing Service Charge	210.00	SK	1.05	220.50
Additional Discount Per Agreement	1.00	EA	652.77-	652.77-

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	5,874.92
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	167.44
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	6,042.36
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

PRESSURE PUMPING

Job Log

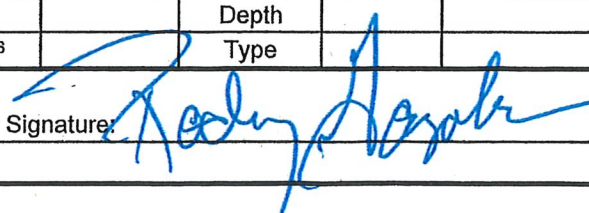
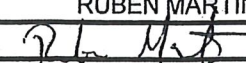
Customer:	Merit Energy	Cement Pump No.:	38750-19842 3hrs	Operator TRK No.:	78938 RUBEN
Address:		Ticket #:	1718 15842 L	Bulk TRK No.:	14355-37724 Hugo
City, State, Zip:	AFE# 62182	Job Type:			
Service District:	1718 Liberal ks	Well Type:	OIL		
Well Name and No.:	MAE 1-16	Well Location:	16,24,33	County:	Finney
				State:	Ks

Type of Cmt	Sacks	Additives	Truck Loaded On	
60/40 POZ	210	4%TOTAL GEL-1/4#POLYFLAKE	14355-37724 Hugo	Front Back
				Front Back
				Front Back

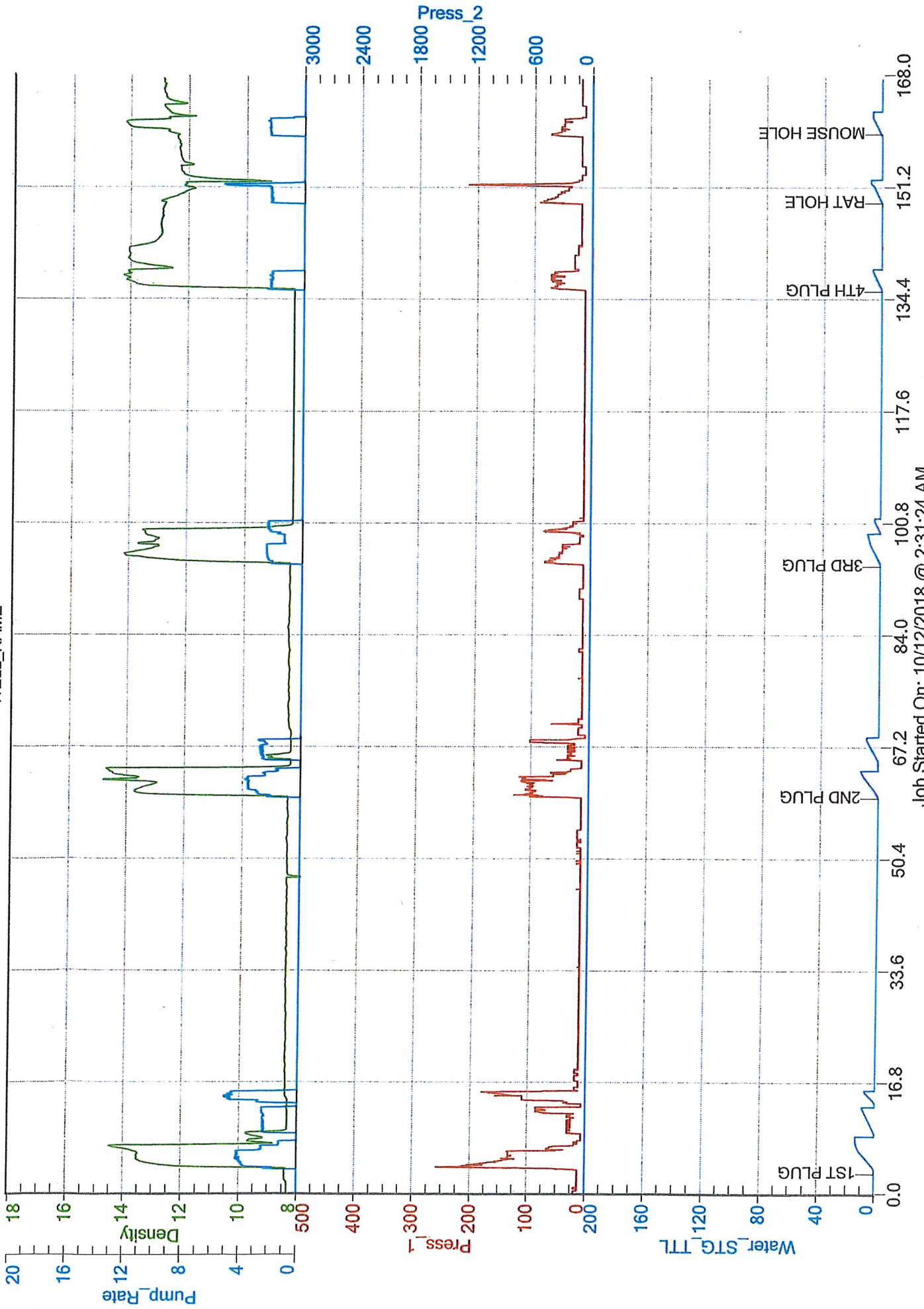
Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
Lead:	13.5	1.51	7.5	317.1	Man Hours:	36
Tail:					# of Men on Job:	3

Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure (PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
1:00							ON LOCATION
1:30							RIG UP
2:00 AM							SAFETY MEETING
2:28 AM	0.3	0.3			500		PRESSURE TEST
							1ST PLUG @ 1830'
2:30	4	13.4			120		PUMP 50SX @13.5#
2:37	4	22			130		DISPLACEMENT--TO --1600'
2:47 AM							SHUT DOWN/--HOC--230'
							2ND PLUG @960'
3:30	4	13.4			100		PUMP 50SX @13.5#
3:35	4	10.3			130		DISPLACEMENT--TO --730'
3:41							SHUT DOWN/--HOC--230'
							3RD PLUG @480'
4:04	4	10.7			100		PUMP 40SX @13.5#
4:09	4	4.2			100		DISPLACEMENT--TO--297'
4:13							SHUT DOWN/--HOC--183'
							4TH PLUG @60'
4:45	4	5.3			100		PUMP 20SX @13.5#
4:50							CIRCULATE CEMENT TO SURFACE /SHUT DOWN
4:58	3	8			70		PLUG RAT HOLE 30SX @13.5#
5:03							SHUT DOWN
5:05	3	5.3			709		PLUG MOUSE HOLE 20SX @13.5#
							SHUT DOWN / RIG DOWN

Size Hole	Depth		TYPE
Size & Wt. Csg.	Depth	New / Used	Packer
lbg.	Depth		Retainer
Top Plugs	Type		Perfs

Customer Signature: 	Basic Representative:	RUBEN MARTINEZ
	Basic Signature:	
	Date of Service:	10/12/2018

MAE #1-16
WELL_NAME



Job Started On: 10/12/2018 @ 2:31:24 AM